

**INITIAL REMS APPROVAL: 11 July 2011**

**MOST RECENT MODIFICATION: NOVEMBER, 2015**

**NDA 20-931**

**TIKOSYN (dofetilide) and Authorized Generic (Dofetilide Capsules)**

Antiarrhythmic

Pfizer, Inc.

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New York, NY 10017

**RISK EVALUATION AND MITIGATION STRATEGY (REMS) DOCUMENT**

## **I. GOALS**

To mitigate the risk of Tikosyn and its authorized generic induced arrhythmia by:

- Ensuring that Tikosyn and its authorized generic are prescribed only by certified prescribers, and dispensed only by certified dispensers;
- Educating Health Care Providers (HCPs) about the risks and the need to initiate and re-initiate therapy in a health care facility that can provide calculations of creatinine clearance, continuous electrocardiographic monitoring, and cardiac resuscitation;
- Informing patients about the serious risks associated with Tikosyn and its authorized generic therapy

## **II. REMS ELEMENTS**

### **A. Medication Guide**

A Medication Guide for Tikosyn or its authorized generic will be dispensed with each prescription in accordance with 21 CFR 208.24 and by HCPs as described below.

### **B. Elements to Assure Safe Use**

#### **1. Health Care Providers who prescribe Tikosyn or its authorized generic will be specially certified**

- a. Pfizer will ensure that HCPs who prescribe Tikosyn or its authorized generic, are specially certified. To become certified, each prescriber will enroll in the Tikosyn and its Authorized Generic REMS Program by submitting to Pfizer a completed Tikosyn and its Authorized Generic Prescriber Certification Form, and agreeing to the following:
  - I understand that patients initiated or re-initiated on Tikosyn or its authorized generic should be admitted for a minimum of 3 days to a health care facility that can provide calculations of creatinine clearance, continuous electrocardiographic monitoring, and cardiac resuscitation;
  - I understand that following the treatment initiation and dosing guidelines in the Tikosyn or its authorized generic label will decrease the risk of Tikosyn and its authorized generic induced arrhythmia;
  - I will inform my patients that Tikosyn and its authorized generic are associated with the risk of induced arrhythmias;
  - I will inform my patients that their blood lab measures and electrocardiogram (ECG) should be re-evaluated every 3 months;
  - I will provide the Medication Guide for Tikosyn or its authorized generic to each patient at the initiation and re-initiation of Tikosyn or its authorized generic therapy. I will review the contents of the Medication Guide with each patient.

- b. Pfizer will require a one-time re-certification of all currently certified prescribers within 6 months after initial Tikosyn REMS approval.
- c. Within 30 days of the initial approval of the Tikosyn REMS, Pfizer will send Dear Health Care Provider Letters to all currently certified prescribers to notify them of the need to re-certify. The re-certification letter will reinforce the safety messages, and REMS program elements. The letter will include a copy of the Tikosyn Full Prescribing Information, Medication Guide, Tikosyn Treatment Guidelines and Certification form, and will be available on the Tikosyn REMS program website for 6 months from the date of issuance of the letter.
- d. Pfizer will assess the need for additional, future re-certification of prescribers based on the results of assessments and monitoring.
- e. The Tikosyn and its Authorized Generic Prescriber Certification Forms will be archived in the National Tikosyn and its Authorized Generic Database and a confirmation letter will be sent by Pfizer to the certified prescribers.
- f. The following prescriber materials are part of the REMS and are appended:
  - Dear HCP Letter for re-certification
  - Dear HCP Letter for new enrollees
  - Tikosyn and its Authorized Generic Program Treatment Guidelines
  - Tikosyn and its Authorized Generic Prescriber Certification Form
  - Tikosyn and its Authorized Generic REMS Website screenshots

**2. Tikosyn and its authorized generic will only be dispensed by pharmacies and health care settings that are specially certified**

- a. Pfizer will ensure that Tikosyn and its authorized generic will be dispensed only by pharmacies and health care settings that are specially certified. To be certified to dispense Tikosyn and its authorized generic, each pharmacy and health care setting will be enrolled in the Tikosyn and its Authorized Generic REMS Program

The enrollment process is comprised of the following steps that must be completed:

1. Each health care setting (institution) where Tikosyn or its authorized generic are dispensed for use will designate a representative. The designated representative will enroll in the Tikosyn and its Authorized Generic REMS Program by submitting to Pfizer a completed Tikosyn and its Authorized Generic Institution Certification Form, and agreeing to the following:

- I attest that the health care facility where Tikosyn or its authorized generic are initiated or re-initiated can provide calculations of creatinine clearance, continuous electrocardiographic monitoring, and cardiac resuscitation;
  - I will ensure that all appropriate staff (including physicians, pharmacists, and telemetry nurses) are trained regarding the Tikosyn and its Authorized Generic REMS Program and will comply with all of the program requirements;
  - I will establish or oversee the establishment of a system, order sets, protocols, or other measures to ensure appropriate dosing and monitoring;
  - I will ensure that the pharmacy staff verifies that the prescribing HCP is enrolled in the Tikosyn and its Authorized Generic REMS Program prior to dispensing Tikosyn or its authorized generic for inpatient use;
  - I understand that, prior to patient discharge; the health care facility must either: provide a free 7-day (14-count) supply of Tikosyn or its authorized generic and the Medication Guide to patients, or ensure the patient's take-home prescription is filled.
2. Each pharmacy where Tikosyn or its authorized generic are dispensed will designate a representative. The designated representative will enroll in the Tikosyn and its Authorized Generic REMS Program by submitting to Pfizer a completed Tikosyn and its Authorized Generic Pharmacy Certification Form, agreeing to the following:
- I will ensure that all appropriate staff are trained and have read and understand the Tikosyn and its Authorized Generic REMS Program materials.
  - I will ensure that pharmacy staff will verify that the prescriber is certified in the Tikosyn and its Authorized Generic REMS Program prior to dispensing each prescription, by accessing the system.
  - I will ensure that the Medication Guide is provided by the pharmacy staff to the patient with each prescription.
  - I will ensure a copy of the above attestations is posted or otherwise made available to pharmacy staff to ensure that the pharmacy staff understands these special conditions for use of Tikosyn and its authorized generic.
- b. Pfizer will require a one-time re-certification of all currently certified health care facilities and pharmacies within 6 months after initial Tikosyn REMS approval.
- c. Within 30 days of the initial approval of the Tikosyn REMS, Pfizer will send Dear Pharmacist Letters to all currently certified health care settings and pharmacies to notify them of the need to re-certify. The re-certification letter will reinforce the safety messages, and REMS program elements. The letter will include a copy of the Tikosyn Full Prescribing Information, Medication Guide, Tikosyn Treatment Guidelines and

Certification form, and will be available on the Tikosyn REMS program website for 6 months from the date of issuance of the letter.

- d. Pfizer will de-certify Tikosyn and its Authorized Generic REMS Program participant(s) for non-compliance, if warranted by assessments to evaluate compliance to Tikosyn and its Authorized Generic REMS Program requirements.
- e. The following materials are part of the REMS and are appended:
  - Dear Pharmacist Letter for re-certification (institution and retail/mail-order pharmacies, as applicable)
  - Dear Pharmacist Letter for new enrollees (institution and retail/mail-order pharmacies, as applicable)
  - Tikosyn and its Authorized Generic Program Treatment Guidelines
  - Tikosyn and its Authorized Generic Pharmacy Certification Form
  - Tikosyn and its Authorized Generic Institution Certification Form
  - Tikosyn and its Authorized Generic In Pharmacy Systems (T.I.P.S<sup>TM</sup>) Program Brochure describing the steps needed for retail pharmacies to enroll, order and dispense Tikosyn and its authorized generic
  - Tikosyn and Authorized Generic REMS Website screenshots

### **C. Implementation System**

The Implementation System will include the following:

1. Pfizer will distribute Tikosyn and its authorized generic only to certified prescribers, pharmacies, and health care settings.
2. Pfizer will maintain the National Tikosyn and Authorized Generic Database, which includes the record of all enrolled and certified health care settings and pharmacies that dispense and prescribers who prescribe Tikosyn or its authorized generic.
3. Pfizer will review distribution and prescription data to assess compliance with the requirements that Tikosyn and its authorized generic may only be prescribed by certified prescribers, and dispensed by certified dispensers.
4. Based on the monitoring and evaluation of the implementation of the elements to assure safe use provided for under [Section B.2.](#), Pfizer will take reasonable steps to improve implementation of these elements and adherence to the REMS requirements to meet the goal of the REMS.

#### **D. Timetable for Submission of Assessments**

Pfizer will submit REMS Assessments to the Food and Drug Administration (FDA) at 6 months and annually from the date of the initial approval of the REMS. To facilitate inclusion of as much information as possible while allowing reasonable time to prepare the submission, the reporting interval covered by each assessment should conclude no earlier than 60 days before the submission date for that assessment. Pfizer will submit each assessment so that it will be received by the FDA on or before the due date.